

## Commercial Property

### Temporary Project Application Form

Tax Map ID# \_\_\_\_\_  
Project Location (Business Name): \_\_\_\_\_  
Property/Center Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
The Woodlands, TX \_\_\_\_\_ (zip code)  
Real Property Owner: \_\_\_\_\_  
Local Business Manager: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Email: \_\_\_\_\_  
Estimated Start Date: \_\_\_\_\_  
Contractor: \_\_\_\_\_  
Contractor's Phone: \_\_\_\_\_  
Contractor's E-mail: \_\_\_\_\_

#### INSTRUCTIONS

1. Please complete separate applications for each project proposed.
2. Applications must be signed by the real property owner or person authorized by the owner as agent for the owner. Written proof of this authorization may be required.
3. All questions on the application must be answered or noted as "not applicable" (N/A).
4. A scaled copy of the property survey noting the location of the proposed improvement, also drawn to scale, must be submitted with the application. The overall survey size must be no larger than 11" x 17". A separate enlarged area detail of the survey may be needed to ensure readability.
5. Drawings, photographs, color samples, brochures, tree survey, colored elevations, hard surface coverage data and specs must be provided as needed.
6. Applications and all required information must be received by noon on the Thursday preceding the appropriate committee meeting.
7. Please visit our web site for the most recent Commercial Planning Design Standards at <http://www.thewoodlandstowship-tx.gov>. Submission **does not** guarantee posting on the upcoming agenda.

Office Use	PROJECT INFORMATION	
	<b>Project Type:</b> (please circle) Building – Paving - Other (describe): _____	
	<b>Project Is</b> (please circle): New - Existing - Replacement If Existing or a Replacement, when was the original installed: _____	
	<b>Dates Requested:</b> From _____ To _____	
	<b>Project Description:</b> _____	
	<b>Project Purpose:</b> _____	
	<b>Number of Temporary Structures Existing:</b> _____	
	<b>Describe Existing Temporary Structures:</b> _____	
	<b>Describe Plans for a Permanent Solution:</b> _____	
	<b>Note:</b> location map plus colored rendering with all colors, materials, sizes and specs must be attached.	
	<b>Variances proposed:</b> (please check) <input type="checkbox"/> Parking Spaces Required <input type="checkbox"/> Hard Surface Allowed <input type="checkbox"/> Forest Preserve Encroachment <input type="checkbox"/> Other _____	

	Explain Variance(s) Proposed: _____
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## OWNER CERTIFICATION AND HOLD HARMLESS AGREEMENT

1. The information set out above and included with this Application is accurate and complete.
2. The improvements will be completed in accordance with the approved application.
3. The improvements will not affect existing surface water flows at the lot boundaries.
4. Agents or employees of The Woodlands Township have my permission to enter the property during normal business hours to inspect construction of the improvements.
5. Construction is not to begin until approval has been received from the Plan Review Committee.

Owner understands that The Woodlands Township does not review plans for compliance with applicable laws or codes, and that it is the duty of the owner and the owner's contractors or consultants to design and construct the proposed improvements according to applicable laws, codes and sound practices. Owner hereby releases and agrees to hold The Woodlands Township, the Plan Review Committee, and their agents and employees harmless from any cost or liability arising out of the review or approval of plans for the proposed improvements.

I certify that I am the owner or authorized to sign this form with the authority of, and as agent for, the owner:

\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_/\_\_\_\_\_  
Print Name Print Affiliation/Title

(For Office Use Only)

### **Staff Action**

### **Committee Action**

Date \_\_\_\_\_ Int. \_\_\_\_\_ Int. \_\_\_\_\_ Date \_\_\_\_\_

- ☐ Approved ☐ Deferred  
☐ Disapprove ☐ No Action / Returned  
☐ Approved with the following conditions:

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- ☐ Approved ☐ Deferred  
☐ Disapprove ☐ No Action / Returned  
☐ Approved with the following conditions:

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### **Supplemental Committee Action**

Date \_\_\_\_\_

- ☐ Approved ☐ Deferred  
☐ Disapprove ☐ No Action / Returned  
☐ Approved with the following conditions:

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